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0010/PTO U.S. Department of 0 Rev 6/95 Patent and Trademark	Commerce k Office	Attorne	y Docket Number		66033					
		First Named Inventor			William F. McDonald et al.					
DECLARATION FOR			COMPLETE IF KNOWN							
UTILITY OR DESIGN			ion Number							
PATENT APPLICATION			ite		Filed Herewith					
	laration	Group A	rt Unit							
V Submitted Sub	mitted after ial Filing	Examine	r Name							
As a below named inventor, I hereby	declare that:									
My residence, post office address and citizenship are as stated below next to my name.										
I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Anatomic replied Boltomer										
Antimicrobial Polymer										
(Title of the Invention) the specification of which										
X is attached hereto										
OR set filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
Application Number Interest state that I have previously and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I such consider the duty to disclose information which is material to patentiability as defined in Tille 37, Code of Federal Regulations \$1.56.										
I hereby, claim foreign priority benefits under Title 35, United States Code \$119(a-id) or \$365(b) of any foreign application(s) for patent or inventor's certificate or \$365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claims,										
Prior Foreign Application Number(s)		Foreign Filing I (MM/DD/YY)	Date YY)	Priority Not Claimed	Certified Cop YES	y Attached? NO				
Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:										
I hereby claim the benefit under Title 35, United States Code \$119(e) of any United States provisional application(s) listed below.										
Application Number(s)	Date (MM/DD/YYYY)			Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.						

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DECLARATION										Page 2						
hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT international application designating the United States of America, listed below and, insofer as the subject matter of each of the claims of this application is not disclosed in the prior United States application or FC international application in the manner provided in the prior the prior of the prior application and the manner of the prior of the prior application and the manner of the prior of this application.																
	Parent .	ent Application PCT Parent Number						Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)				
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Country Telephone Fax Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information an belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 100 / or Title 18 of the United States Code and that such willful false statements may jeopardise the validity of the application or any patent issuing thereon.																
Name	of Sole	or First Inve	ntor:					1	A petition	has b	een filed	for this	unsigne	d inve	ntor	
Given Name	\ \	William Middle F.				Family Name McDonald						Suffix e.g. Jr.				
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X Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION							ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any:							A petition has been filed for this unsigned inventor					
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Inventor's Signature	Stance	IJ'n	~	e t	<u>.</u>				Date	May . 200	03	
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City Flint State MI Zip 48503							Country	US		Applio Autho	ant rity	
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Riven Name Andrew Middle Initial C. Family Name								r		Suffix e.g. Jr.		
Inventor's Signature	alille	h_							Date	1 MAY 2	∞।	
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Name of Ad	ditional Joint Inventor, if	any:					A pe	tition has been filed f	or this u	insigned in	ventor	
Given Name			Mid	ldle ial	Ę	amily ame	/		,	Suffix e.g. Jr.		
Inventor's Signature						_			Date			
Residence: State							Countr	y	Citiz	enship		
Post Office												
Post Office												
City		State		Zip			Country			Applie Autho	cant ority	
Name of Ad	ditional Joint Inventor, if	any:					A pe	tition has been filed t	or this	-	ventor	
Given Name			Middi Initial	le	Fam Nan	ily ne				Suffix e.g. Jr.		
Inventor's Signature									Date			
Residence					State		Countr	у	Cit	izenship		
Post Office												
Post Office												
City		State		Zip			Country			Appli Auth	cant prity	
Additional inventors are being named on supplemental sheet(s) attached hereto												